



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6712 (617) 524-8062 - Fax

*Application for License to Use Dogs or Cats
In Research and Education in Accordance with
M.G.L. C.140, § 174D and 105 CMR 910.000*

2003

DIRECTIONS: <ul style="list-style-type: none">• Complete the entire two-page application form.• Submit a separate application for each institution seeking licensure.• Attach a separate check for \$50.00 for each license application, made payable to: COMMONWEALTH OF MASSACHUSETTS. All licenses expire on June thirtieth next following date of issue.	
1. Institution Name:	2. Telephone #: () Fax #: ()
3. D.B.A. (Doing Business As):	Current Massachusetts License # (if applicable):
4. Mailing Address:	
5. Facility Address (if different from Mailing Address):	6. Telephone #: () Fax #: ()
7. Responsible Contact Person:	8. Twenty-four (24) Hour Emergency Telephone #: () Email Address: _____
9. Name of Individual Administratively Responsible for the Institution:	
10. Name of Individual in charge of the Animal Research Program:	
11. Name of Attending Veterinarian:	
12. Describe the corporation or other form of organization of the institution and state its general nature and the purpose of its activities:	

(OVER)

13. Describe the nature of the activities requiring the use of animals:

Laboratory Facilities

14. Describe the laboratory facilities of the institution where the proposed work is to be undertaken:

15. Describe the facilities available to house and care for laboratory animals. Include specifically, schedules followed in cleaning cages, feeding and watering the animals and the type of vehicle to be used for transportation of the animals:

16. List the names and addresses of all the places where research animals are and will be kept. This should include private kennels, animal hospitals, etc.

I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. C. 62C, § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Date

Owner or Corporate Officer

If applying as an Individual, your Social Security #: _____

Tax or Federal I.D.#: _____

NOTE: Copies of the Massachusetts General Laws and the Code of Massachusetts Regulations may be obtained from the State House Bookstore located in Boston (617-727-2834), Fall River (508-646-1374) or Springfield (413-784-1376).